

Arizona Massage Therapy Board  
1400 W. Washington St., Suite 230  
Phoenix, AZ 85007

RECIPROCITY STATE BOARD LICENSE VERIFICATION  
APPLICATION SUPPLEMENT

Applicant must fill in: Printed Name \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

State Licensed with: \_\_\_\_\_ License Number: \_\_\_\_\_

STATE LICENSING BOARD:

Is the applicant named licensed, registered or certified by your Agency or Board to practice Massage Therapy?  
☐ Yes ☐ No

Name of the individual as it appears on the license, registration or certificate: \_\_\_\_\_

The State of \_\_\_\_\_

Located At \_\_\_\_\_  
Address City State

I, \_\_\_\_\_  
Name of person from state agency Title

License information; Issued \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
License No. Date of Issue Date Expires

Is the license currently active and in good standing? ☐ Yes ☐ No

Has the licensee ever been disciplined, Censured on Probation, Suspension Revocation or other during this time. Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes** provide information regarding any action pending or taken against the individual. Please describe and attach documentation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How were they Licensed by: NCBTMB Date \_\_\_\_\_ or/

State examination score: \_\_\_\_\_ ☐ Pass ☐ Fail

Mail this form directly to the: Arizona Massage Therapy Board  
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Phoenix, AZ 85007